



# Haryana Government Gazette

Published by Authority

© Government of Haryana

---

No. 14-2019] CHANDIGARH, TUESDAY, APRIL 2, 2019 (CHAITRA 12, 1940 SAKA)

---

## PART-I

### Notifications, Orders and Declarations by Haryana Government

#### HARYANA GOVERNMENT

#### HEALTH DEPARTMENT

#### Notification

The 7th March, 2019

**No. 46/3/95-5HB-II.**— Whereas, the Governor of Haryana is satisfied that the State of Haryana is threatened with the outbreaks of dangerous epidemic diseases namely Malaria, Dengue, Chikungunya & Japanese Encephalitis (JE) and that the ordinary provisions of law for the time being in force are insufficient for the purpose. Now, therefore, in exercise of the powers conferred by Section 2 of the Epidemic Diseases Act. 1897, the Governor of Haryana is pleased to make the following regulations, namely: -

1. These regulations may be called the Haryana Epidemic Diseases (Malaria, Dengue, and Chikungunya & Japanese Encephalitis (JE)) regulations, 2015.
2. In these regulations, unless the context otherwise requires:--
  - (a) “Epidemic Diseases” means Malaria, Dengue, and Chikungunya & Japanese Encephalitis (JE).
  - (b) “Passive Surveillance Centre” means any place which may be declared by the Deputy Commissioner concerned in exercise of the powers conferred upon him to be a passive surveillance centre, where a patient reports as a case of fever.
  - (c) “Inspecting Officer” means a person appointed by the Director General Health Services, Haryana or the Civil Surgeon of the district concerned in the State of Haryana to be an Inspecting Officer.
3. An Inspecting Officer, who is unavoidably prevented from discharging all or any of the functions may by order in writing appoint Deputy Civil Surgeon (VBD), Senior Medical Officer, Biologist, Epidemiologist, Entomologist, Medical Officer, Senior Malaria Inspector, Multipurpose Health Supervisor, Multipurpose Health Workers, Insector Collector to discharge such functions. Every Officer/official so appointed shall so far as such functions are concerned be deemed for the purpose of these regulations to be an Inspecting Officer.
4. An Inspecting Officer may enter any premises for the purpose of fever surveillance, treatment, anti larval measures, fogging or spray. He may also authorize other persons of his team to enter such premises along with him, as he considers necessary.

5. An Inspecting Officer may put any question as he thinks fit, in order to ascertain whether there is any reason to believe of suspect that such person is or may be suffering from Malaria, Dengue, Chikungunya, Japanese Encephalitis (JE) and such person shall give answer to question so put to him.
6. Whether as a result of such inspection or examination or otherwise, the Inspecting Officer considers that there is reason to believe of suspect that such person is or may be infected with Malaria, Dengue, Chikungunya or Japanese Encephalitis (JE), Inspecting Officer may direct such person to give his blood slide/ blood sample for examination and to take such treatment as the Inspecting Officer may deem fit. In case of the minor, such order shall be directed to the guardians or any other adult member of the family of the minor.
7. The Inspecting Officer may order any premises to be sprayed with insecticide or inter-domestic water collection to be treated with Larvicides.
8. The doctors in Government Health Institutions and the Registered Medical Practitioners of the private hospitals/clinics are required to get the blood slides prepared for each fever case reported besides the presently adopted procedure of Rapid Diagnostic Test (RDT) by them. The antibody detecting Rapid Diagnostic Tests (RDTs) for malaria are not recommended under the National Vector Borne Diseases Programme (NVBDCP) as these tests are not useful in ongoing surveillance for prompt diagnosis. However, antigen detecting bivalent RDTs for malaria are recommended. The information of the positive case of Malaria should be sent to the nearest Government Health Institution immediately after the diagnosis. The blood slides of the positive cases should also be submitted to the representative of the Department of Health within seven days. The above functionaries should ensure the complete Radical Treatment of the Malaria positive cases as per the Drug Policy of Malaria issued by Government of India from time to time.
9. In addition to above, the doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals/ clinics are required to immediately inform the office of the Civil Surgeon of the concerned district, if a suspected case of Dengue, Chikungunya or Japanese Encephalitis (JE) is reported at their hospitals/clinics. The blood samples of all Dengue, Chikungunya and Japanese Encephalitis (JE) suspected cases have to be sent at the nearest Sentinel Surveillance Hospitals (SSHs) for testing by MAC ELISA technique in addition to presently adopted procedure of Rapid Diagnostic Test (RDT) by them and declare a patient positive for these diseases only after confirming by MAC ELISA technique of testing and not by RDT. The NS1 antigen test is to be done for Dengue patients having fever for less than 5 days and IgM antibody test is to be done for Dengue patients having fever for more than 5 days. The information of the positive cases of the above diseases should be sent to the office of Civil Surgeon immediately after the diagnosis. They should ensure the management of the Dengue/ Chikungunya/J.E. suspected/ confirmed cases as per the guidelines issued by the Government of India from time to time which are available on NVBDCP website [www.nvbdc.gov.in](http://www.nvbdc.gov.in)
10. These regulations shall come into force at once and shall remain in force upto 31st March, 2022.

RAJEEV ARORA,  
Additional Chief Secretary to Government Haryana,  
Health Department.